

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Parker & Parsley Development Company	Well API No.
Address P.O. Box 3178, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator _____	

MAY 29 1992

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Pardue Farms 27	Well No. 9	Pool Name, including Formation East Loving Delaware	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>G</u> : <u>2080</u> Feet From The <u>East</u> Line and <u>1880</u> Feet From The <u>North</u> Line Section <u>27</u> Township <u>23S</u> Range <u>28E</u> , <u>NMPM</u> , <u>Eddy</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX. 77210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX. 79978	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>27</u>
	Twp. <u>23S</u>	Rge. <u>28E</u>
	Is gas actually connected? Yes	When? 11/30/91

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10/20/91	Date Compl. Ready to Prod. 11/21/91		Total Depth 6802'		P.B.T.D. 6797'			
Elevations (DF, RKB, RT, GR, etc.) 3044 GR	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 6271'		Tubing Depth 6202'			
Perforations 6621 - 6309' & 6271 - 6150'					Depth Casing Shoe			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	500'	475
7-7/8"	4-1/2"	6802'	1200
			comp & BK

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 11/29/91	Date of Test 12/23/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 43	Water - Bbls. 99	Gas- MCF 80

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Stephanie J. Holmes  
Stephanie J. Holmes Proration Analyst  
Printed Name  
May 26, 1992 Title  
915-686-4814  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved AUG 17 1992

By ORIGINAL SIGNED BY

MIKE VALLIANIS  
SUPERVISOR, DISTRICT II

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.